

Recipient Committee
Campaign Statement
Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

F I L E
Date Stamp
FEB 21 2002

COVER PAGE
CALIFORNIA 460
2001/02
FORM

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 1-20-02
through 2-16-02

Date of election if applicable:
(Month, Day, Year)
3-5-02

Page 1 of 6

RECEIVED OF VOTERS

COPY

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

☒ Officeholder, Candidate Controlled Committee
State Candidate Election Committee
Recall
(Also Complete Part 5)

☐ General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee

☐ Ballot Measure Committee
Primarily Formed
Controlled
Sponsored
(Also Complete Part 6)

☐ Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

☒ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)

☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER

PENDING

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

JOHN WILLIAMS FOR PUBLIC ADMINISTRATOR

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT, NO. AND STREET OR P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

JOANN WILLIAMS

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 2-16-02
Date

Executed on 2-16-02
Date

Executed on
Date

Executed on
Date

By Joann Williams
Signature of Treasurer or Assistant Treasurer

By
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM 460

Page 2 of 6

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

JOHN WILLIAMS

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

D.P. PUBLIC ADMINISTRATOR

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME

NONE

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

NONE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NONE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period

from 1-20-02

through 2-16-02

CALIFORNIA
FORM

460

Page 3 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOHN WILLIAMS FOR PUBLIC ADMINISTRATOR

I.D. NUMBER

PENDING

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 3153.00	\$ 3153.00
2. Loans Received	Schedule B, Line 7	0	5,000.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 3153.00	\$ 8153.00
4. Nonmonetary Contributions	Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 3153.00	\$ 8153.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

1/1 through 6/30

7/1 to Date

20. Contributions Received	\$		\$	
21. Expenditures Made	\$		\$	

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 6055.97	\$ 14853.43
7. Loans Made	Schedule H, Line 7	0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 6055.97	\$ 14853.43
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0	0
10. Nonmonetary Adjustment	Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 6055.97	\$ 14853.43

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
1/1/02	\$
1/1/02	\$
1/1/02	\$
1/1/02	\$
1/1/02	\$

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 4999.24
13. Cash Receipts	Column A, Line 3 above	3153.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0
15. Cash Payments	Column A, Line 8 above	6055.97
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 2,096.27

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ 0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 26,000.00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period

from 1-20-02

through 2-16-02

CALIFORNIA
FORM

460

Page 4 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOHN WILLIAMS FOR PUBLIC ADMINISTRATOR

I.D. NUMBER

PENDING

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1-31-02	CONSERVATIVE WOMEN'S LEADERSHIP ASSN. PAC #123724 [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00
1-31-02	SILVERADO SENIOR LIVING [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150.00	150.00	150.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				400.00		

Schedule A Summary

1. Amount received this period - contributions of \$100 or more.

(Include all Schedule A subtotals.) \$ 400.00

2. Amount received this period - unitemized contributions of less than \$100

\$ 2753.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 3153.00

*Contributor Codes

IND - Individual

COM - Recipient Committee
(other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (June/01)

FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule E
Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period

from 1-20-02

through 2-16-02

SCHEDULE E

CALIFORNIA
FORM

460

Page 5 of 6

I.D. NUMBER

PENDING

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOHN WILLIAMS FOR RBLK ADMINISTRATOR

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

CODE OR

DESCRIPTION OF PAYMENT

AMOUNT PAID

SPIN STRATEGIES

CMP

\$3,863.24

TEAM CALIFORNIA

LIT

350.00

REPUBLICAN VOTER CHECKLIST

LIT

300.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 4,513.24

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 6,055.97
2. Unitemized payments made this period of under \$100 \$ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 6,055.97

Schedule E
(Continuation Sheet)
Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT)

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Statement covers period
from 1-20-02
through 2-16-02

CALIFORNIA
FORM **460**

Page 6 of 6

I.D. NUMBER

PERDING

JOHN WILLIAMS FOR PUBLIC ADMINISTRATOR

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>HOLIDAY INN</u> <u>1401 W. HUNTER ST.</u> <u>LOS ANGELES, CA</u>	<u>FND</u>		<u>807.73</u>
<u>HEMETOWN VOTER GUIDE</u> <u>555 SOUTH HUNTER ST.</u> <u>LOS ANGELES, CA</u>	<u>LIT</u>		<u>250.00</u>
<u>U.S. POSTAL SERVICE</u>	<u>LIT</u>		<u>340.00</u>
<u>OCCIDENTAL COMMUNICATIONS</u> <u>10000 W. HUNTER ST.</u> <u>LOS ANGELES, CA</u>	<u>OFC</u>		<u>145.00</u>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 1542.73